

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	03/01/2023 15:30 (SGT)
Reported by	Driver
Date of Accident	31/12/2022 15:30 (SGT)
Exact Location of Accident	Johor, Malaysia
Additional Location Information	MYDIN MUTIARA RIN MALL CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2784X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SARIPAH BINTE MOHAMED SHAM SUDDIN
NRIC No	SXXXX857H
Email Address	SAHARA196937@GMAIL.COM
Mobile Phone No	(Phone) +65-84992411
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1193

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MPC0003729-03

DRIVER

Name of Driver	FIRDAUS BIN SAIM
NRIC No	SXXXX089Z
Date Of Birth	29/08/1955
Occupation	Indoor

Date Of Driving Pass	26/11/2001
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97529967
Alt. Phone Number	-
Email Address	FIRDAUSS@SINGNET.COM.SG
Address	433 TAMPINES ST 43
Address complement	04-57
Postcode	520433
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

FOREIGN VEHICLE 1

Vehicle Registration Number	BLL7004
Vehicle Category	Private car

PASSENGER 1

Name	SARIPAH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	TRAFIK ISKANDAR PUTERI
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN AND POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	BLL7004
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)** I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date
& Time:

Driver's Signature
(If driver is not the policyholder) Date
& Time:

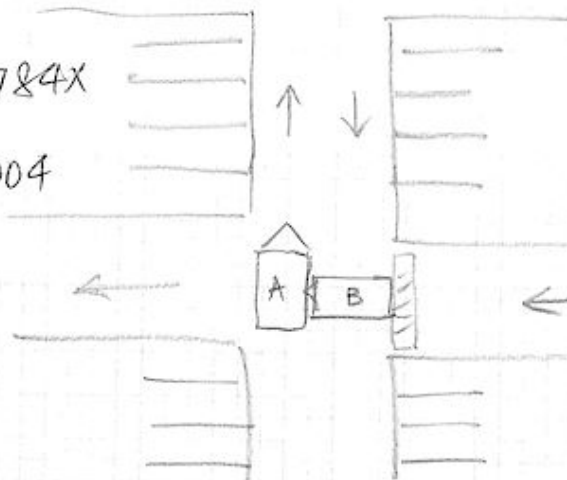
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SKETCH PLAN

A) SLR 2784X

B) BLL 7004



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 31 DEC '2022 AT APPROXIMATELY 1530 HRS I WAS DRIVING MY VEHICLE REG. NO. SLR 2784X FROM LOTUS MUTIARA RINI MALL TO MYDIN MUTIARA RINI MALL CARPARK. WHILE IN THE CARPARK I WAS DRIVING TOWARDS AT EMPTY LOT WHEN SUDDENTLY A CAR REG. NO. BLL 7004 CAME FROM THE RIGHT SIDE AND HIT THE RIGHT SIDE OF THE MY VEHICLE (DRIVER SIDE) AND CAUSED A BENT ON THE DRIVER & PASSENGER SIDE.

As per Police Report attached.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

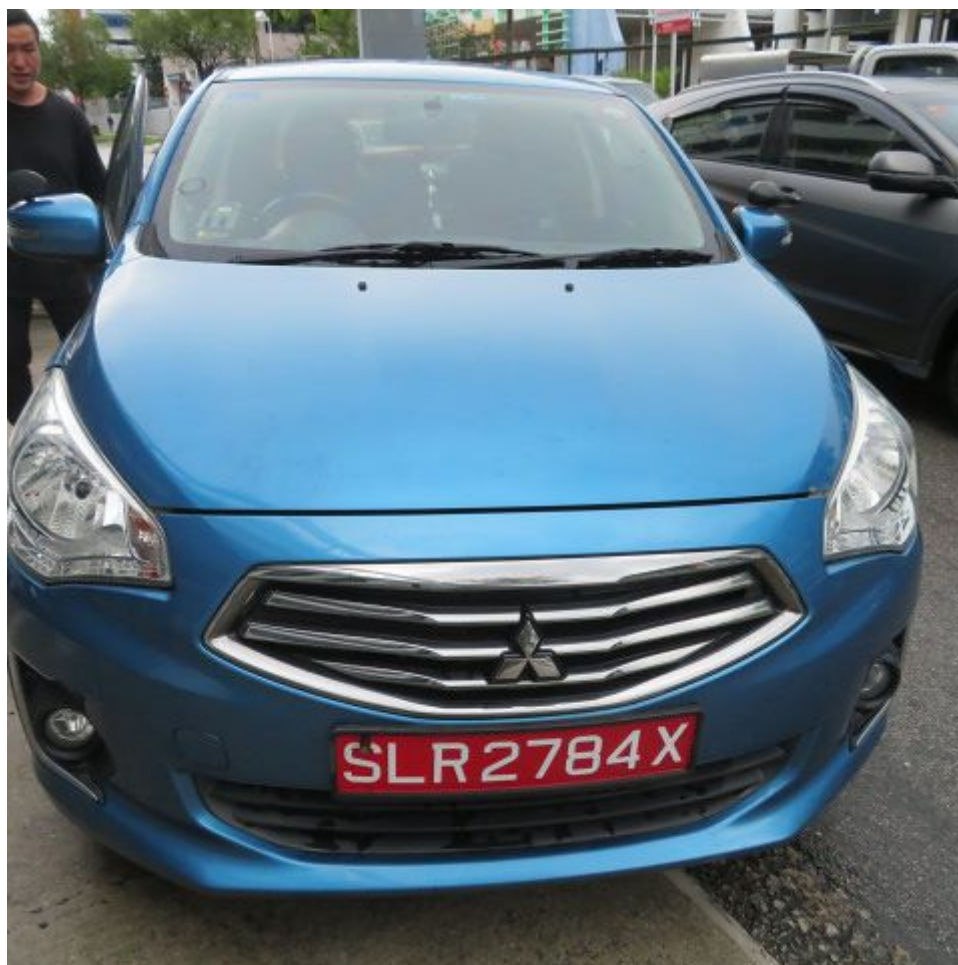
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



03/01/23











POLIS DIRAJA MALAYSIA REPOT POLIS

Balai	: TRAFIK ISKANDAR PUTERI	Pegawai Penyiasat	: R141892
Daerah	: ISKANDAR PUTERI	No. Repot Bersangkut	: TRAFIK
Kontinjen	: JOHOR		IPUTERI/013701/22
No. Repot	: TRAFIK IPUTERI/013702/22		
Tarikh	: 31/12/2022		
Waktu	: 1627 PM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot :

Nama	: AMIR HAMZAH BIN AZHAR	No. Badan	: R212693	Pangkat	: KONS
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Butir-butir Jurubahasa (Jika Ada) :

Nama	: ---	No. K/P (Baru)	: ---	No. Polis/Tentera	: ---
No. Pasport	: ---	Bahasa Asal	: ---		
Alamat	: ---				

Butir-butir Pengadu :

Nama	: FIRDAUS BIN SAIM		
No. K/P (Baru)	: ---	No. Polis/Tentera	: ---
No. Sijil Beranak	: ---	Jantina	: Lelaki
Umur	: 67 Tahun 4 Bulan	Keturunan	: Melayu
Pekerjaan	: PENJAGA STOR	No. Pasport	: K3213241R
Alamat Tinggal	: BLOK 433 TAMPINES ST 43 , 0457 SINGAPURA	Tarikh Lahir	: 29/08/1955
Alamat IbuBapa	: ---	Warganegara	: SINGAPORE
Alamat Pejabat	: ---		
No. Tel (Rumah)	: ---	No. Tel (Pejabat)	: ---
Emel	: ---	No. Tel (Bimbit)	: 6597529967

Pengadu Menyatakan :

PADA 31/12/2022 JAM L/KURANG 1530HRS SAYA MEMANDU M/KAR NO PENDAFTARAN SLR 2784X DARI LOTUS MUTIARA RINI HENDAK KE MYDIN MUTIARA RINI. SEMASA DI LOT PARKING MYDIN MUTIARA RINI SAYA BERGERAK LURUS TIBA-TIBA SEBUAH M/KAR NO PENDAFTARAN BLL 7004 KELUAR DARI SIMPANG KANAN SAYA LALU MELANGGAR M/KAR SAYA DI BAHAGIAN TEPI SEBELAH KANAN. SAYA TIADA KECEDERAAN. KEROSAKAN PADA M/KAR SAYA IALAH PINTU DEPAN/BELAKANG KANAN SERTA LAIN-LAIN KEROSAKAN TIDAK PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R212693 | 31/12/2022 04:35:40 PM



IMPORTANT NOTE Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS

Original Report No: SF0E23130004 Vehicle Registration No: SLR2784X
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 31/12/22 Time of Accident: 1530hr
 Place of Accident: _____
 Insurance Company: India Int'l

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To revert to Own Damage claim.


 Policyholder / Driver's Signature
 Date: 04/01/23


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: 04/01/23
 Date: _____